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C. Consultant, Courtesy, and/or Associate

D. Temporary

3-1.5 MEDICAL STAFF CREDENTIALS

All applicants and members of the Medical Staff shall be subject to the appointment and reappointment policy and process required for membership.

The granting of membership to medical staff shall confer no particular clinical privileges. Clinical privileges shall be granted only in accordance with criteria and procedures required.

The applicant shall complete the application relevant to the scope of his or her license, registration, certification, or otherwise recognized medical professional capacity.

A. Verification of Documentation.

The credentials review process shall, at a minimum, require obtainment and verification of the following documentation/information:

- (1) Professional Education. Medical staff members and other practitioners subject to the medical staff credentialing and privileging process must possess a valid diploma certifying them as a graduate of a professional school, accredited by a nationally-recognized accrediting body appropriate to the member's professional discipline. The practitioner's accompanying application shall include: name of institution, dates of attendance/graduation, location, type of degree, any honors received, any disciplinary actions, and proof that the program was completed successfully. A foreign graduate (medical school graduates that receive a medical degree or D.O. degree outside of the United States (U.S.) or Canada) must possess a diploma as a graduate of a professional school and documentation of having successfully completed appropriate certifying requirements, e.g., Education Commission for Foreign Medical Graduates (ECFMG) for physicians, as applicable to the specific profession. Certification by ECFMG is the standard for evaluating the equivalence of educational qualifications of these physicians before they enter U.S. graduate medical education; and this Certification is required to obtain an unrestricted license to practice medicine in most U.S. states. The ECFMG and its organizational members define an International Medical Graduate

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3-1.2 CREDENTIALS AND PRIVILEGES POLICY

All actions taken on an application for membership relevant to credentialing and privileging to grant, refuse, renew, revoke, suspend or modify must be made in accordance with IHS Medical Credentials and Privileges policy and procedural processes.

- A. Practitioners. All licensed practitioners (e.g. federal employees, contractors, volunteers) who intend to provide health care services at IHS facilities shall be credentialed and privileged PRIOR to providing such care.

All licensed practitioners who provide care at IHS facilities must maintain current licensure and credentials, and be proficient of their granted privileges in accordance with applicable law and guidelines.

- B. Conditions of Participation. IHS hospitals shall maintain credentialing and privileging policies and procedures consistent and in accordance with Medicare Conditions of Participation, or other applicable accrediting bodies, and meet the standards of a national accrediting organization (e.g. The Joint Commission, The Accreditation Association for Ambulatory Health Care, Inc.).

- C. Clinical Privileges. Clinical privileges are granted by the GB after recommendation from the Executive Committee of the Medical Staff or its equivalent (as defined in the Medical Staff Bylaws). This is done at the time of initial application or reapplication. All applicants must complete and submit the designated Application for Medical Staff Appointment and/or Privileges (See Exhibit 3-1-A) or Application for Medical Staff Reappointment and/or Privileges Renewal (See Exhibit 3-1-B). The GB may also modify privileges when indicated or requested. Privileges will only be granted commensurately with the training, experience, qualifications, and proficiency of the applicant and in accordance with the staffing and capabilities of the facility. Documentation reflecting the credentialing verification process should be included in the credentialing file.

- D. Initial Medical Staff Membership and/or Clinical Privileges. Initial medical staff membership and/or clinical privileges are granted for a provisional one-year period. Credentials and performance are to be reviewed near the end of this one-year period.

- E. Renewal of Membership and Clinical Privileges. Initial credentials and privileges are valid for the first year (one year provisional privileges), after which medical

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- (4) Applicant. An individual who is applying for membership on a medical staff at a facility, but may be a participant in educational or consultative activities in the clinical setting.
- (5) Appointment. Refers to the initial admittance to the membership of the medical staff.
- (6) Bona Fide Offer. An offer of federal employment that is contingent upon the applicant subsequently requesting and being granted medical staff membership through the credentialing and privileging process.
- (7) Bylaws. Refers to the authoritative guidelines for the medical staff, which serve to define the organizational relationship among practitioners and the relationship between the practitioners as a group and the healthcare facility as an entity. The bylaws are the rules governing the responsibilities of the staff as a whole and of individual staff members. Bylaws are adopted by the governing body after recommendation by the medical staff.
- (8) Clinical Privileges/Privileging. The specific services that a licensed healthcare practitioner may provide to a patient in a specific healthcare facility. Practitioner privileges to provide clinical care must be in accordance with applicable law and compliant with the facility's Bylaws. The privileges should be both practitioner and facility specific. That is, clinical privileges are based on a review of an individual practitioner's credentials along with the capabilities of the facility to support the provision of services. Privileging is the process that health care organizations use in order to authorize practitioners to provide specific services to their patients. Any modification in privileging status, based on a violation of standard(s), poor performance, unprofessional conduct, must be documented appropriately and be reported to administrative boards, individuals and data collection systems as required or permitted by federal law and policy, and must ensure compliance with federal employee Human Resources (HR) reporting requirements.
- (9) Conditions of Participation (CoP). Refers to those regulations administered by CMS that hospitals and other health care providers must comply with in order to begin and continue participating in the Medicare and Medicaid programs. Covered facility types for IHS include hospitals and Critical Access Hospitals. The Medical Staff CoPs are located in the Code of Federal Regulations (CFR) at 42 CFR 482.22 and the Governing

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privileges when the medical staff is unable to handle the immediate patient needs. The Clinical Director or the CEO may grant disaster privileges upon presentation of any of the following:

- (1) A current and valid IHS or non-IHS healthcare facility issued photo Identification.
- (2) A current license to practice and a valid picture Identification card issued by a State, Federal, or regulatory agency.
- (3) Identification indicating the individual is a member of a Disaster Medical Assistance Team.
- (4) Identification indicating that the individual has been granted authority to render patient care in disaster circumstances (e.g. authority granted by a Federal, State, or municipal entity), or
- (5) Attestation by current facility or medical staff member(s) with personal knowledge of the practitioner's identity.

As soon as the immediate situation is under control, the medical staff begins the regular application and credentials verification process for individuals who received disaster privileges.

- J. Standard Requirements. Standard requirements of Medical Staff Bylaws and GB standards must be upheld at all times.
- K. National Database. Following implementation of the IHS approved credentialing and privileging software system, facilities must use this authorized electronic system, which meets all security requirements, for entering and accessing credentialing and privileging information.
- L. Review of all Applicants. Applications for membership on the Medical Staff shall be considered in accordance with EEO policies and standards, on a nondiscriminatory basis without regard to race, creed, color, sex, national origin, or sexual orientation. The process for granting clinical privileges and/or medical staff membership (one may be granted without necessarily granting the other) should be applied uniformly to all applicants. The Credentials Committee shall review the applications of all applicants for appointment and reappointment to the

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Body CoPs are located at 42 CFR.482.12. In accordance with these CoPs, IHS hospitals and Critical Access Hospitals must maintain a consistent and reproducible process for credentialing and privileging consistent with conditions required.

- (10) Credentialing. The ongoing process of collecting, assessing, and verifying the qualifications of a health care practitioner, who is a new or renewing medical staff applicant. This process includes the practitioner's background, education, training, experience, and competency. All individuals who are eligible for membership on the medical staff must have a documented, current review of their professional credentials. Credentials specifically include the primary source verified and documented evidence of licensure, education, training, experience, and other qualifications.
- (11) Governing Board/Governing Body (GB). Refers to the operating entity in each IHS hospital that is legally responsible for the conduct of staff members in the hospital. The GB is also responsible for determining whether a medical staff member or applicant is credentialed in accordance with IHS policy and procedures, and whether individuals are granted initial or renewed appointment and privileges. The GB has the authority to grant clinical privileges and/or medical staff membership. The GB must be comprised exclusively of federal employees exercising the authority of the Director, IHS, and include at least one member of the facility's medical staff.
- (12) Initial Appointment. The granting of an individual's medical staff membership at a facility.
- (13) Licensed, Registered, or Certified Practitioner. Refers to a licensed, registered, or certified individual permitted by law to provide patient care services within the scope (free of restriction) of his or her license, registration, or certification, and in accordance with individually granted clinical privileges when he or she is a credentialed member of the medical staff (e.g. physician, physician assistant, advanced practice nurse, family nurse practitioners, pediatric nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, national clinical pharmacy specialist, pharmacist practitioner, physical therapist, social worker, psychologist).

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suspension, restriction, denial, or voluntary or involuntary relinquishment of professional licensure or professional society membership.

- (6) Sanctions or Current Investigations. Every person seeking membership and clinical privileges must provide information and documentation regarding previous, pending, or current Medicare or Medicaid sanctions or any current administrative, criminal or civil investigation, including those under the Medicare or Medicaid program or any other Federal Government program or contract. IHS cannot employ or otherwise grant medical privileges to any person that has been excluded from participation in any Federal health care program, debarred from any other Federal program (including but not limited to debarment under the Generic Drug Enforcement Act), or convicted of any offense defined in 42 United States Code (U.S.C.) § 1320a-7.
- (7) Convictions. Every person seeking membership and clinical privileges must provide information and documentation relating to all convictions with the exception of minor traffic violations. All applicants must pass a criminal history background check, pursuant to Public Law 101-630, the Indian Child Protection and Family Violence Prevention Act, and Public Law 101-647, the Crime Control Act of 1990, Subtitle E, Child Care Worker Employee Background Check, as well as all regulations promulgated pursuant to such laws. One part of the background check is a fingerprint check. All applicants must undergo a fingerprint check. Fingerprint results must be cleared prior to the applicants' entry into the clinical experience.

NOTE: Practitioners who are credentialed and privileged shall report to the Credentialist changes in the above seven (7) credentialing elements on an ongoing basis and shall not wait until the next renewal of membership period for reporting new information or updates (See Section 3-1.2 E).

3-1.6 MEDICAL STAFF CREDENTIALS FILES

Medical staff credentials records or files are one type of IHS quality assurance records as defined at 25 U.S.C. § 1675. The information in the credentials records/files may be derived from employment or contractual files and data. However, the medical staff credentials records/files are distinct and separate from any employment or contract records/files, or other IHS records/files, and are utilized for the sole purpose of maintaining information collected for, created during or related to the review of medical